

EMPLOYEE AUTHORIZATION TO RELEASE
EMPLOYMENT REFERENCE INFORMATION

I, the undersigned, request and authorize the University of Oklahoma Health Sciences Center (University) to release my employment record and history to my self-identified prospective employer upon a request for employment reference.

As a result, I hereby release the University from any liability for any such release of information, whether such release of information occurs during or after my employment with the University.

This Authorization is effective for any such release of information made after the effective date set forth below and prior to my physical withdrawal of this Authorization from the University.

Effective this ____ day of _____, _____.

Name: Employee or Former
Employee

Name: Witnessing Supervisor
or Other University Employee

Signature: Employee or Former
Employee

Signature: Witnessing Supervisor
or Other University Employee

Date: _____

Date: _____